

**CITY OF SAN MARCOS**  
**Commercial Solid Waste**  
**Road Use Fee Remittance Form**

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Permit Holder Name \_\_\_\_\_

Total quarterly gross receipts \$ \_\_\_\_\_

Road Use Fee Remitted (5 % of gross receipts) \$ \_\_\_\_\_

I, \_\_\_\_\_ (authorized officer) DO HEREBY  
ATTEST THAT THE INFORMATION REPRESENTED ON THIS STATEMENT  
ACCURATELY REFLECTS THE COMMERCIAL GROSS REVENUE COLLECTED  
IN THE CITY OF SAN MARCOS DURING THE PAST QUARTER.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THE STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, a Notary Public in and for \_\_\_\_\_  
County, Texas, on this day personally appeared \_\_\_\_\_, know  
To me to be the person whose name is subscribed to the foregoing instrument and  
acknowledged to me that he executed the same for the purpose and consideration therein  
expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the \_\_\_\_\_ day  
of \_\_\_\_\_, A.D. 2 \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_ County, Texas

This form may be duplicated or additional copies obtained by contacting the San Marcos Public Works  
Department at (512) 393-8036.

**\*\*Mail Completed Form & Payment by the 30 th of the month to:**  
**City of San Marcos**  
**Public Works Department**  
**630 E. Hopkins**  
**San Marcos, Texas 78666**